



**Sabbatical/Education Leave Request  
THE LOUISIANA STATE UNIVERSITY SYSTEM**

NAME: \_\_\_\_\_  
Last Name, First Name

CAMPUS: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

PRESENT RANK / TITLE: \_\_\_\_\_

EMPLOYEE ID: \_\_\_\_\_

\_\_\_\_\_

SCHOOL:

DATE APPOINTED: \_\_\_\_\_

YEARS OF SERVICE IN LSU SYSTEM TO  
EFFECTIVE DATE OF LEAVE \_\_\_\_\_

APPOINTMENT STATUS:

GRADUATE FACULTY STATUS:

PAY BASIS:

EDUCATION: (Reverse Chronological Order)

INSTITUTION	DEGREE	DATE AWARDED

PROFESSIONAL EXPERIENCE (INCLUDE LSU SYSTEM) (Reverse Chronological Order)

INSTITUTION	RANK	INCLUSIVE APPOINTMENT DATE (MONTH, YEAR)

Type of Leave Requested:

Dates of Leave:

From \_\_\_\_\_

Pay Status Requested:

Through \_\_\_\_\_

List Previous leaves (sabbatical, educational, and leave without pay) granted:

TYPE	DATES	PAY STATUS	PURPOSE



Applicant \_\_\_\_\_

**EVALUATION BY DEAN**

**A. What is your overall evaluation of this leave request?**

- Strongly recommended**
- Recommended**
- Recommended with conditions (state conditions in C.)**
- Do not recommend (give reasons in C.)**

**B. Do you concur with the evaluation and replacement needs of the Department Chair/Head/Program Director (SPH)? If not, explain.**

**C. Comments:**

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

